

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
CHILD CARE GROUP HOME ROOM USAGE REPORT

LS # _____

Date _____

Facility: _____ SGH #: _____

Room Description	Enrolled Children's Indoor Activity Area Square Footage	*	Comments
Total		÷ 30 =	(capacity) **

* Check if Indoor Activity Area is single use only per R9-3-501 ...such as kitchens, family bedrooms, bathrooms, hallways, laundry rooms, shop areas or garages.

Capacity Limited By:

of Sanitary Units _____
 # of Sinks _____
 # of Toilets / Urinals _____

Swimming Pool Y / N

Fire Y / N
 Insurance Y / N
 Other Y / N

Outdoor Activity Area square footage _____ (must be a minimum of 375 square feet)

Comments: _____

Total Certified Capacity for Compensation: _____

Not to exceed 15 total, 10 for compensation.

I will be responsible for making sure that all single use areas are in compliance with rules and statutes.

I affirm that the above information is accurate.

Provider's signature _____

Date _____